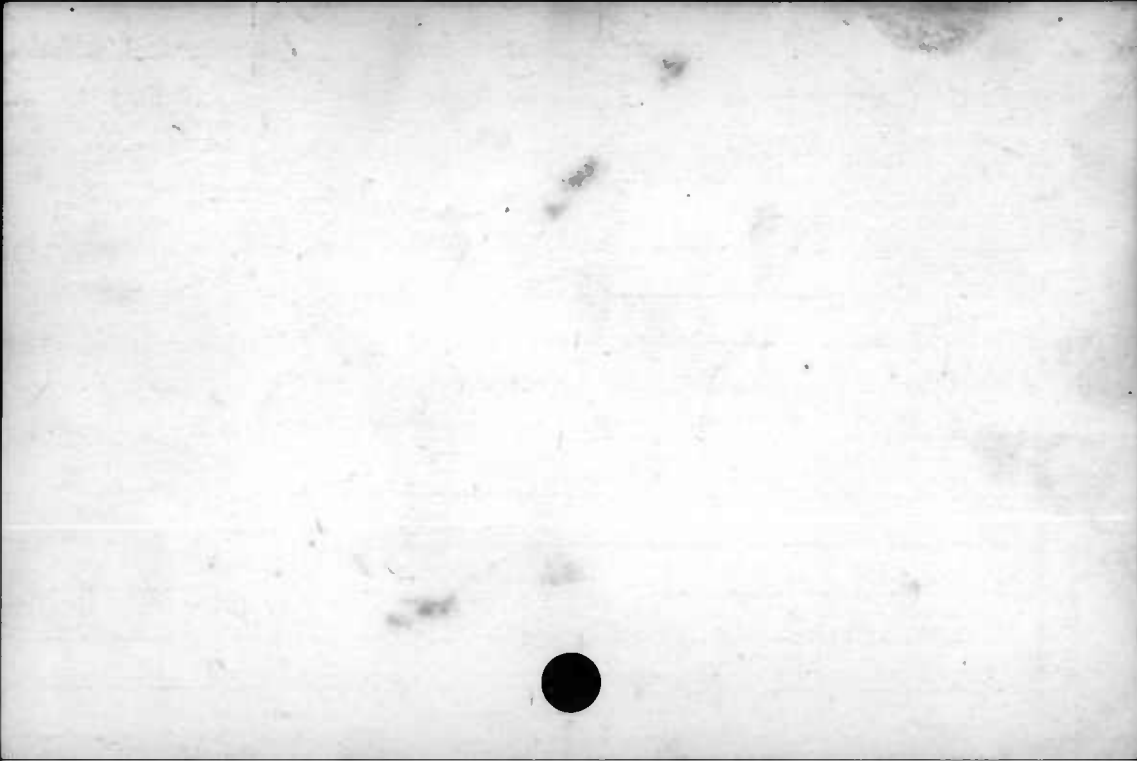
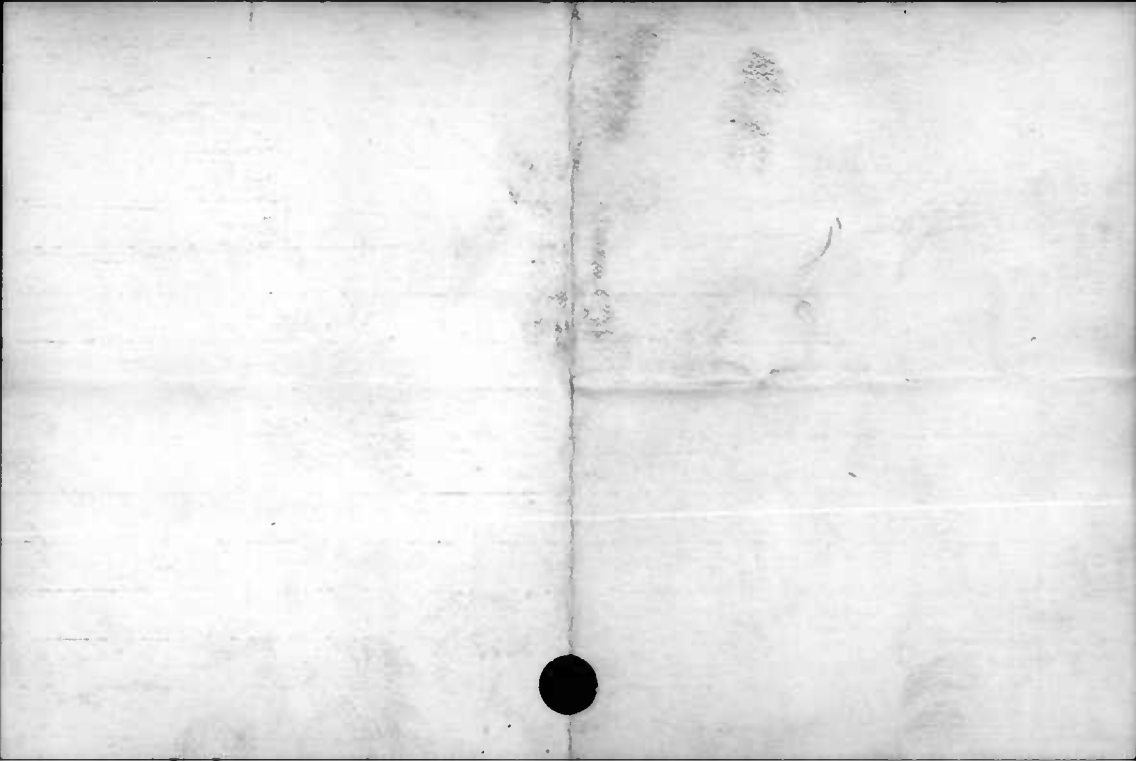


Name in Full		Town		County		CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at		Cordova		County		Salbor		MARYLAND			
		Date of death		1905	Month	Sept	Day	7	Age	Months	5	Days	6
		Sex		Male		Color or Race		White		Birth-place		Cordova	
		Occupation				Where Residing if not at place of death							
		Married, Single or Widowed				Name of Wife or Husband							
PHYSICIAN OR CORONER		Father's Name		Jm J Adams		Father's Birthplace		Cordova					
		Mother's Maiden Name		L May Shoofers		Mother's Birthplace		Cordova					
		Name of person giving information		Jm J Adams		How related to deceased		Father					
		CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary		Spinal Meningitis		How long		Mother says since Sept 1 3.05					
		Immediate		Convulsions with Epilepsy		How long		Died 2 days before death					
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. L. L. L.					
						Address		Cordova					
		Accident or Suicide?											



Name in Full <b>Emma Adams.</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Royal Oak</b> <small>Town</small>		<b>Talbot</b> <small>County</small>
	Date of death <b>1905</b> <small>Month</small> <b>9</b> <small>Day</small> <b>8</b>		<b>35</b> <small>Years</small>
	Sex <b>Female</b>		Color or Race <b>Negro</b>
	Occupation <b>Book</b>		Birth-place <b>Royal Oak Ind</b>
	Where Residing if not at place of death <b>R. B. Franklins</b>		
	Married, Single or Widowed		Name of Wife or Husband
	Father's Name <b>Isaac Adams</b>		Father's Birthplace <b>Talbot Co</b>
Mother's Maiden Name <b>Marian Adams Talbot Co Md</b>		Mother's Birthplace <b>Talbot Co</b>	
Name of person giving information <b>Saizzie Smith</b>		How related to deceased	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Bright's disease with heart trouble</b>		How long <b>8 or 10 months</b>
	Immediate <b>Aschemia</b>		How long <b>10</b>
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Samuel B. Trippe</b>
			Address <b>Royal Oak Ind</b>
	Accident or Suicide? <b>No</b>		



Name  
in  
Full

Charles Raymond Blades

## CERTIFICATE OF DEATH

MARYLAND

Died at Easton

Town

Solbert

County

Date

of death 1905

Month

Sept.

Day

28

Age

Years

4

Months

2

Days

27

Sex

Male

Color or  
Race

White

Birth-  
place

Oxford Md.

Occupation

None

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Charles Henry Blades

Father's  
Birthplace

Oxford Md.

Mother's  
Maiden Name

Annie M. Lewick

Mother's  
Birthplace

Baltimore Md.

Name of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

How long

Ten days

Primary

Typhoid fever

How long

Five days

Immediate

Dysentery

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Easton

Solbert Co. Md.

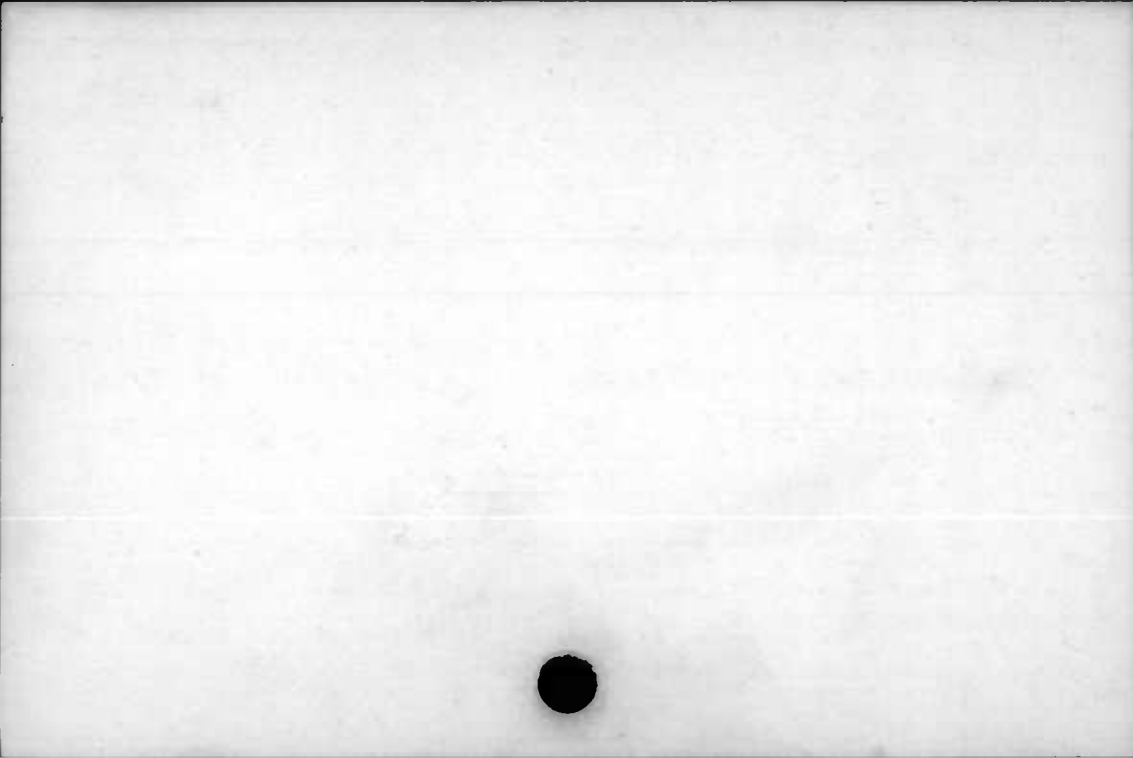
Accident or Suicide?

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Roda C. Bullock				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Easton		Tall		T	
		Date of death		Month		Days	
		1905		Sept		7	
		Day		Years		Months	
14		Age		73		1	
Sex		Color or Race		Birth-place		Maryland	
Female		White		Caroline Co., Md.			
Occupation		Where Residing if not at place of death					
Kept her own house		at place of death		—			
Married, Single or Widowed		Name of Husband		Thomas B. Bullock			
Father's Name		Thomas A. Edgell		Father's Birthplace		Md.	
Mother's Maiden Name		Roda Covey		Mother's Birthplace		Md.	
Name of person giving information		Mrs. E. J. Biery		How related to deceased		Niece	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Infirmities of years		How long	
		Immediate		Exhaustion		3 yrs	
		Are the name, age, sex, color, date and place correctly given above?		yes		How long	
		Signature of Physician		Chas. J. Davidson		3 wks	
		Address		Easton, Md.			
Accident or Suicide?							





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

James Fulghman Cropper

Died at <sup>Town</sup> near Easton <sup>County</sup> Talbot-

MARYLAND

Date of death 1905 <sup>Month</sup> Sept- <sup>Day</sup> 18th <sup>Years</sup> Age — <sup>Months</sup> 4 <sup>Days</sup> —Sex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> Talbot Co MdOccupation — <sup>Where Residing if not at place of death</sup> —Married, Single or Widowed Single <sup>Name of Wife or Husband</sup> —Father's Name C. C. Cropper <sup>Father's Birthplace</sup> MdMother's Maiden Name Addie Dunning <sup>Mother's Birthplace</sup> MdName of person giving information C. C. Cropper <sup>How related to deceased</sup> Father

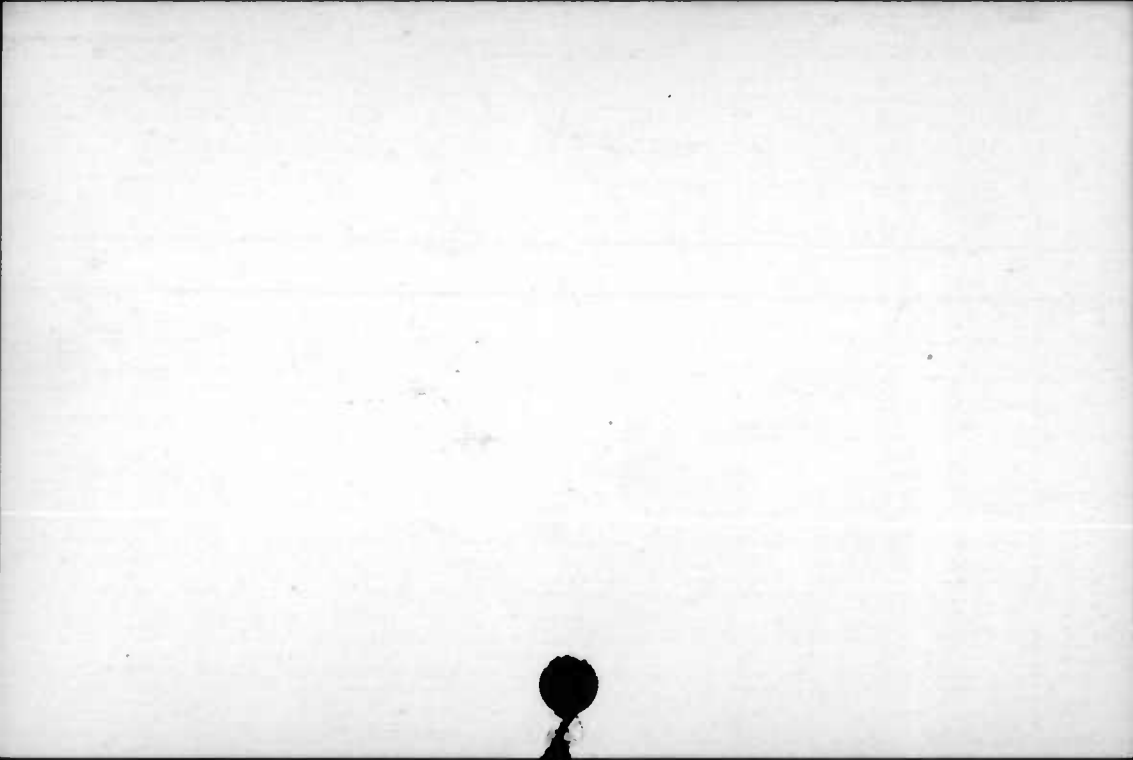
## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary Marasmus <sup>How long</sup> 3 moImmediate Exhaustion <sup>How long</sup> 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

<sup>Signature of Physician</sup> Julius A. Johnson<sup>Address</sup> Easton Md

Accident or Suicide?



Name  
in  
Full

Elsie Deaneport

## CERTIFICATE OF DEATH

MARYLAND

Died *near* <sup>Town</sup> *Easton*<sup>County</sup> *Salmon*Date of death *1908* <sup>Month</sup> *Sept*Day *17*Age *—* <sup>Years</sup>Months *2*Days *15*Sex *Female*Color or Race *white*Birth-place *ind.*Occupation *None*Where Residing if not  
at place of death *X*Married, Single or Widowed *Single*Name of Wife or  
Husband *X*Father's Name *James Deaneport*Father's Birthplace *ind.*Mother's Maiden Name *Lizzie Corey*Mother's Birthplace *11*Name of person giving  
In formation *Jas Deaneport*How related  
to deceased *father*

## CAUSES OF DEATH

Primary *Summer cold*

How long

Immediate *Exhaustion*

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of Physician *No doctor*

Address

*John Fairbank*

Accident or Suicide?

*Subregistration Easton*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

W. Fredrick Eator

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> St. Michaels		<sup>County</sup> Talbot		MARYLAND	
Date of death	190	Month	Sept	Day	14
Age	10	Years	10	Months	—
Sex	Male	Color or Race	White	Birth-place	Eator Md
Occupation	School boy	Where Residing if not at place of death		St Michaels Tal	
Married, Single or Widowed	Single	Name of Wife or Husband		—	
Father's Name	Geo Eator			Father's Birthplace	Eator Md
Mother's Maiden Name	Emily & Augusta Shockley			Mother's Birthplace	Mills Run Md
Name of person giving information	Miss Sarah Burke			How related to deceased	Cousin

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	18 months
Immediate	Heart failure	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		J C O'Donnell St Michaels Md	
Accident or Suicide?			



Name  
in  
Full

Georgianna Green

## CERTIFICATE OF DEATH

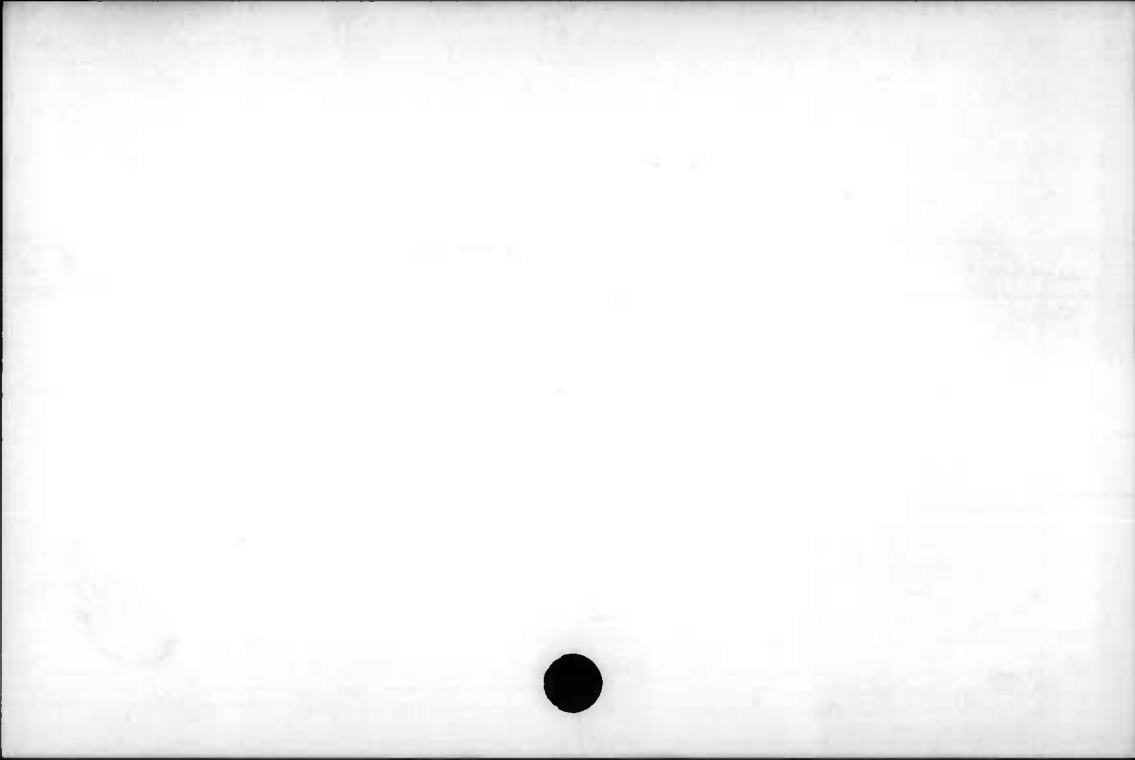
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Trooppe</i> <sup>Town</sup>		<i>Talbot</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i>	Month	<i>Sept.</i>	Day	<i>24</i>
Age		<i>20</i>		Months	
Sex	<i>Female</i>	Color or Race	<i>African</i>		Birth-place
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		<i>Single</i>			
Name of Wife or Husband					
Father's Name		<i>Jarvis Green</i>		Father's Birthplace	<i>Talbot Co.</i>
Mother's Maiden Name		<i>Mary Isabel Fountain</i>		Mother's Birthplace	<i>Talbot Co.</i>
Name of person giving information		How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid fever</i>	How long	<i>5 wks.</i>
Immediate	<i>cardiac asthma</i>	How long	<i>several days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Wm S. Seymour</i>	
		Address	
		<i>Trooppe</i>	
Accident or Suicide?			





Name  
in  
Full

Maria Copper Griffin

## CERTIFICATE OF DEATH

Died at *Easton* Town*Talbot* County

MARYLAND

Date of death *1905* Month *Sept.*Day *22*Age *70* Years

? Months

? Days

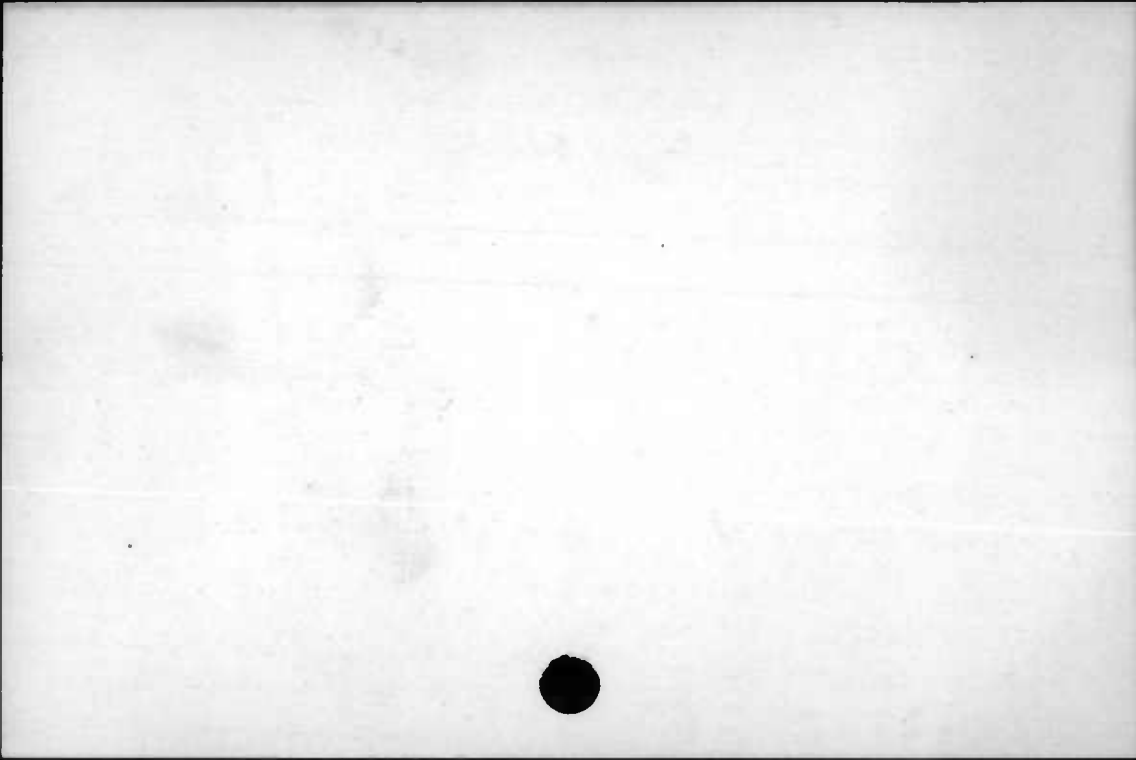
Sex *Female*Color or Race *Negro*Birth-place *Talbot Co. Md*Occupation *House maid*

Where Residing if not at place of death

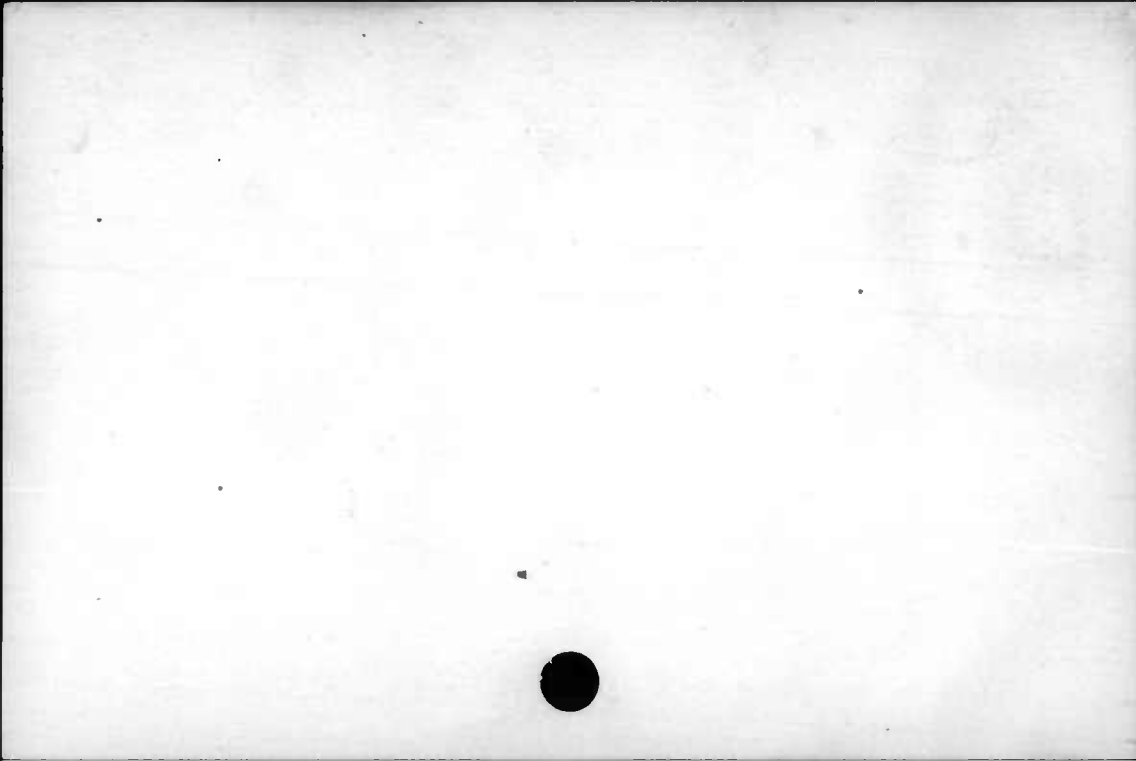
Married, Single or Widowed *Widow*Name of ~~him~~ or Husband *Jas. Griffin*Father's Name *Isaac Copper*Father's Birthplace *Talbot Co. Md*Mother's Maiden Name *?*Mother's Birthplace *Talbot Co. Md*Name of person giving information *Robert Sullivan*How related to deceased *Son*

## CAUSES OF DEATH

Primary *Myocardial Regurgitation (Organic heart disease)* How long *Not known*Immediate *Swelling - & exhaustion* How long *2 hrs*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Chas. J. Davidson*Address *Easton Md.*~~Accident or suicide~~TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full <b>William Frank James</b>		Town <b>Tilyman</b>		County <b>Talbott</b>		CERTIFICATE OF DEATH	
Died at		Date of death		Age		MAYLAND	
Month <b>Sep</b>		Day <b>25</b>		Years <b>55</b>		Months <b></b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Talbott Co. Md.</b>		Days <b></b>	
Occupation <b>Farmer</b>		Where Residing if not at place of death <b></b>					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Sarah A. James</b>					
Father's Name <b>Joseph James</b>		Father's Birthplace <b>Talbott Co. Md.</b>					
Mother's Maiden Name <b>Annette Frank Tom</b>		Mother's Birthplace <b>Talbott Co. Md.</b>					
Name of person giving information <b>Alexander James</b>		How related to deceased <b>Brother</b>					
CAUSES OF DEATH							
Primary <b>Enteric Colitis (Catarrhal) (Spontaneous)</b>		How long <b>Over a year</b>					
Immediate <b>Acute Indigestion &amp; heart failure</b>		How long <b>36 hours</b>					
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>S. H. Wilson M.D.</b>					
		Address <b>Tilyman Md.</b>					
Accident or Suicide? <b>No -</b>							



Name  
in  
Full

Dr. John K. Johns

## CERTIFICATE OF DEATH

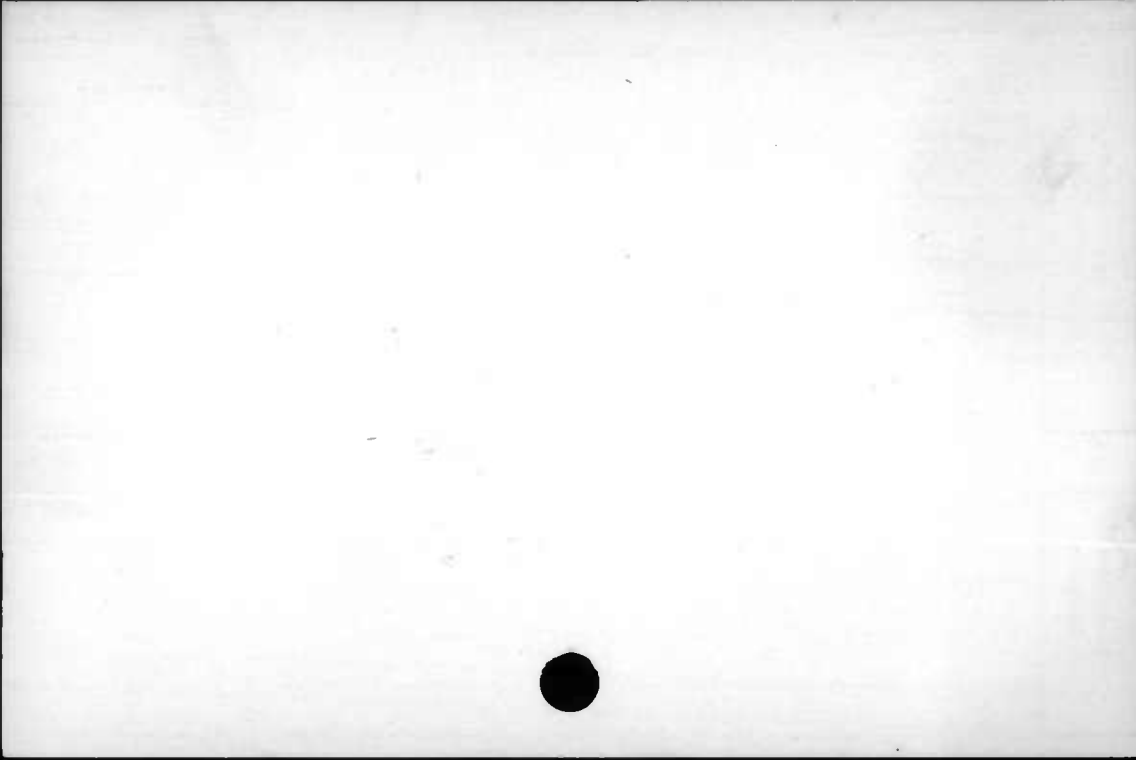
TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>near Easton</i>		Town <i>Talbot</i>		County		MARYLAND	
Date of death	1905	Month	Sept	Day	13	Age	Years 75
Sex		Male		Color or Race		White	
Occupation		Physician		Where Residing if not at place of death		X	
Married, Single or Widowed		Widowed		Name of Wife or Husband		Sarah Jane Ryneark	
Father's Name		Rev. Henry Baudyke Johns		Father's Birthplace			
Mother's Maiden Name		Lavinia Montgomery		Mother's Birthplace			
Name of person giving information		Robt Ryneark		How related to deceased		Bro. in Law	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Old age with Enlarged & dilated heart	How long	5 Months
Immediate	Exhaustion	How long	after weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. R. Triple M.D.	
Address		Easton Md	
Accident or Suicide?			



Name  
in  
Full

Hennerty Johnson

## CERTIFICATE OF DEATH

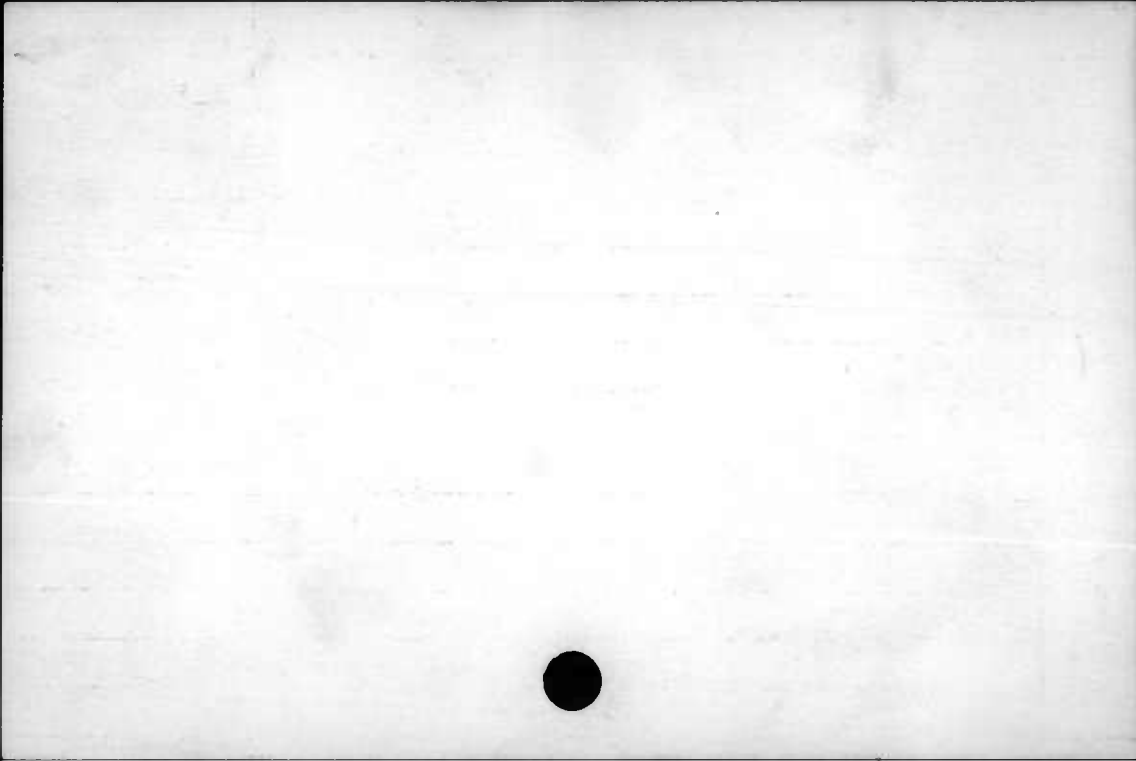
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Easton</u> Town		County <u>Talbot</u>		MARYLAND	
Date of death <u>1905</u> <u>Sep</u> <u>29</u>		Age <u>—</u> Years		Months <u>1</u>	Days
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Easton Md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>William Johnson</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Josephine Johnson</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>W. Johnson</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

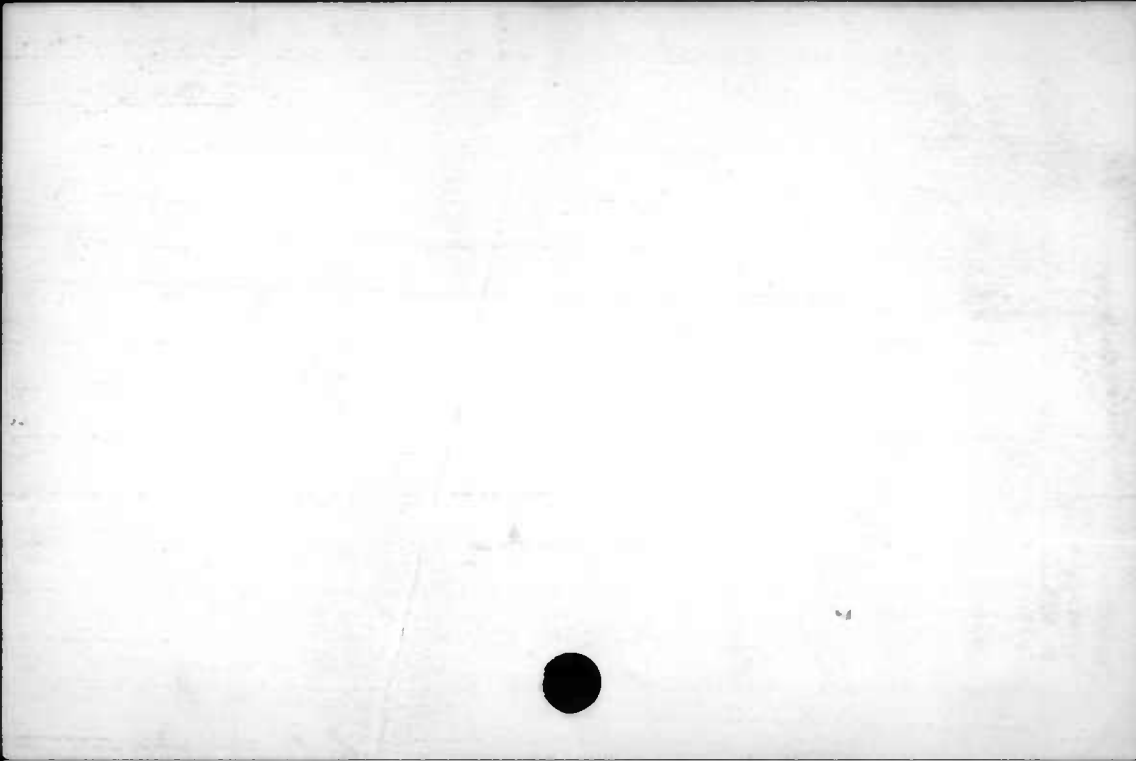
PHYSICIAN  
OR CORONER

Primary <u>Enterocolitis</u>	How long <u>3 weeks</u>
Immediate <u>Weakness</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. J. Hermit</u>
	Address <u>Easton</u>
Accident or Suicide?	





Name in Full		Emmet Kennedy				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Bruceville		County		MARYLAND	
	Date of death	1905	Month 9	Day 3	Age Years	Months 3	Days 3
	Sex	Male		Color or Race	White		
	Occupation			Birth-place		Talbot Co Md	
	Where Residing if not at place of death						
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Patterson Kennedy -				Father's Birthplace	Dorchester Co Md
Mother's Maiden Name	Fredericka Lyons				Mother's Birthplace	Talbot Co Md	
Name of person giving information	"				How related to deceased	Mother's	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Marasmus				How long	2 months
	Immediate	Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Joseph A Poas Jr
	Address					Taffe, Talbot Co, Md	
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

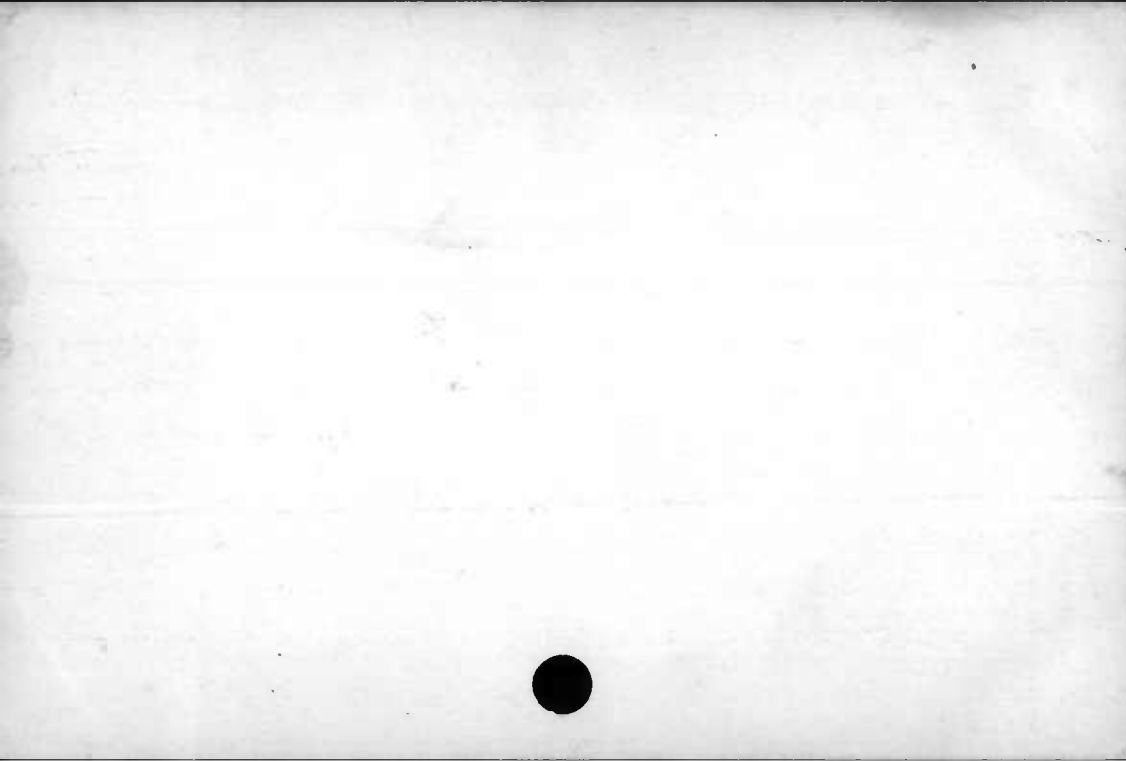
Died at *Town* *Gilghman* *County* *Talbot*Date of death *1905* *Sep.* *14* *Age* *62* *Months* *4* *Days* *29*Sex *male* Color or Race *White* Birth-place *Talbot Co., Md.*Occupation \_\_\_\_\_ Where Residing if not at place of death *McDaniel Md.*Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_Father's Name *Wm. W. Lowe* Father's Birthplace *Talbot Co.*Mother's Maiden Name *Mary A. Wrightson* Mother's Birthplace *Talbot Co.*Name of person giving information *Albert Lowe* (19) How related to deceased *Brother*

## CAUSES OF DEATH

Primary *Valvular Disease of Heart* How long *Several years*Immediate *Heart Failure* How long *suddenly*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *L. K. Wilson M.D.*Address *Gilghman Md.*

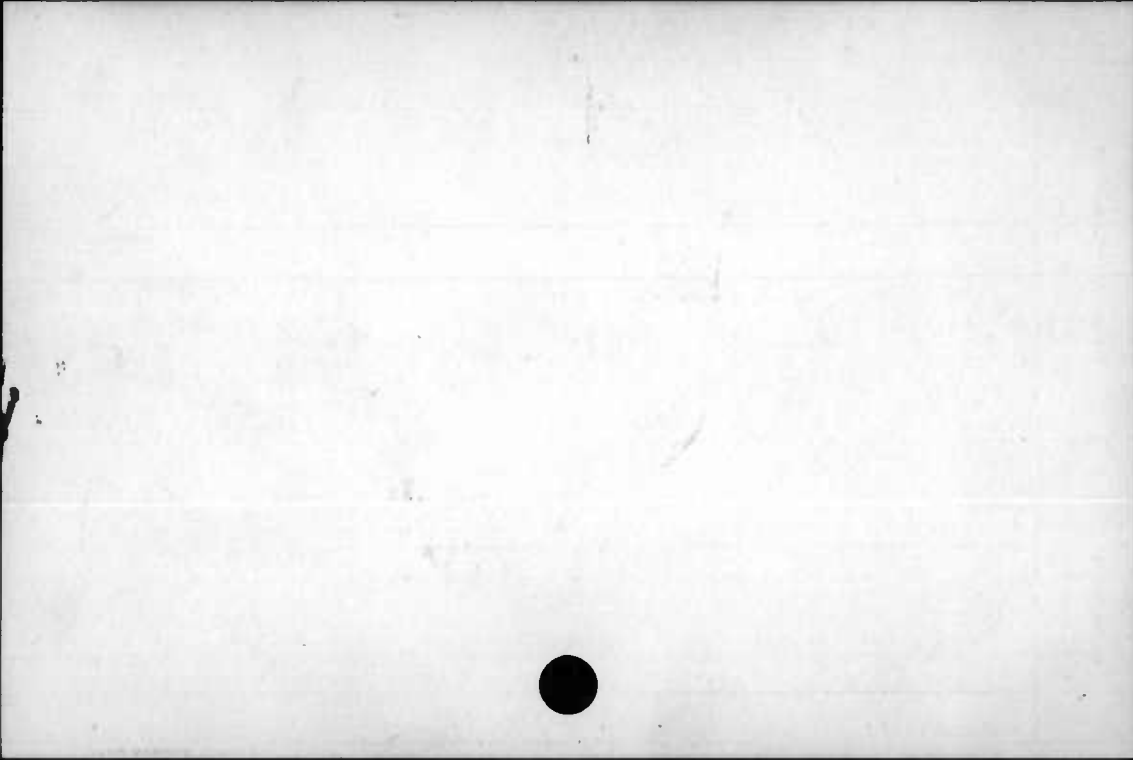
Accident or Suicide?

PHYSICIAN  
OR CORONER



TO BE ANSWERED BY NEAREST FRIEND	Name in Full <i>Christopher G. Lynch</i>				CERTIFICATE OF DEATH			
	Died at <i>Cordova</i> Town				County <i>Tellor</i>			
	Date of death 190 <i>5</i> Month <i>Sept</i> Day <i>30</i> Age <i>62</i> Years Months <i>10</i> Days <i>16</i>				MARYLAND			
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Eudenville Md</i>			
	Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>					
	Name of Wife or Husband <i>Elizabeth C. Dudley</i>							
	Father's Name <i>James, P. Lynch</i>				Father's Birthplace <i>Eudenville</i>			
	Mother's Maiden Name <i>Susan, Groghand</i>				Mother's Birthplace <i>Id</i>			
Name of person giving Information <i>W. N. Lynch</i>				How related to deceased <i>Son</i>				

PHYSICIAN OR CORONER	CAUSES OF DEATH	
	Primary <i>Tuberculosis</i>	How long <i>Years</i>
	Immediate <i>Pulmonary Haemorrhage</i>	How long <i>4 days</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. W. Sultz Md</i>
		Address <i>Cordova Md</i>
Accident or Suicide? <i>No</i>		



Name  
in  
Full

Harry Marshall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

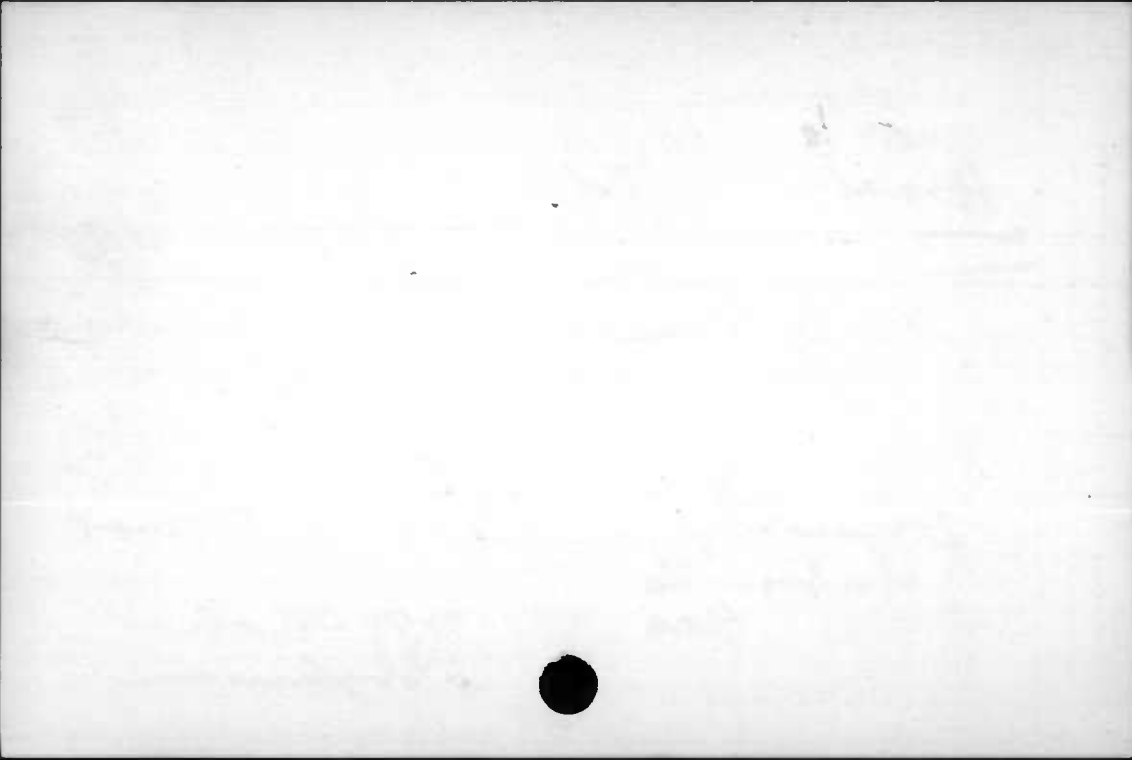
MARYLAND

Died at <u>Wye Landing</u> <sup>Town</sup>		<u>Talbot</u> <sup>County</sup>			
Date of death <u>1905</u> <sup>Month</sup> <u>Sep</u> <sup>Day</sup> <u>9</u>		Age <u>1</u> <sup>Years</sup>		<u>7</u> <sup>Months</sup> <u></u> <sup>Days</sup>	
Sex <u>White</u>		Color or Race <u>white</u>		Birth-place <u>Wye Landing</u>	
Occupation <u></u>		Where Residing if not at place of death <u></u>			
Married, Single or Widowed <u></u>		Name of Wife or Husband <u></u>			
Father's Name <u>I Frank Marshall</u>		Father's Birthplace <u>Tunardells</u>			
Mother's Maiden Name <u>Lillie Morris</u>		Mother's Birthplace <u>Queen Anne's</u>			
Name of person giving information <u>I Frank Marshall</u>		How related to deceased <u>Father</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <u>Drowned</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>A. A. Hughes</u>
	Address <u>Undertaker</u>
Accident or Suicide?	





Name  
in  
Full

Lillian Miles

## CERTIFICATE OF DEATH

MARYLAND

Died at *Tilghman* Town*Talbot* CountyDate of death *1905* *9* Month*13* DayAge *1* YearsMonths *1*Days *5*Sex *female*

Color or Race

*Colored*

Birth-place

*Somerset Co.*

Occupation

Where Residing if not at place of death

*Tilghman, Md.*

Married, Single or Widowed

Name of Wife or Husband

Father's Name

*Mr. E. Miles*

Father's Birthplace

*Som. Co. Md.*

Mother's Maiden Name

*Milkey Miles*

Mother's Birthplace

*11 11*

Name of person giving information

How related to deceased

## CAUSES OF DEATH

Primary

*Dysentery*  
*Intestitis*

How long

*3 mos.*

Immediate

How long

*10 days.*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

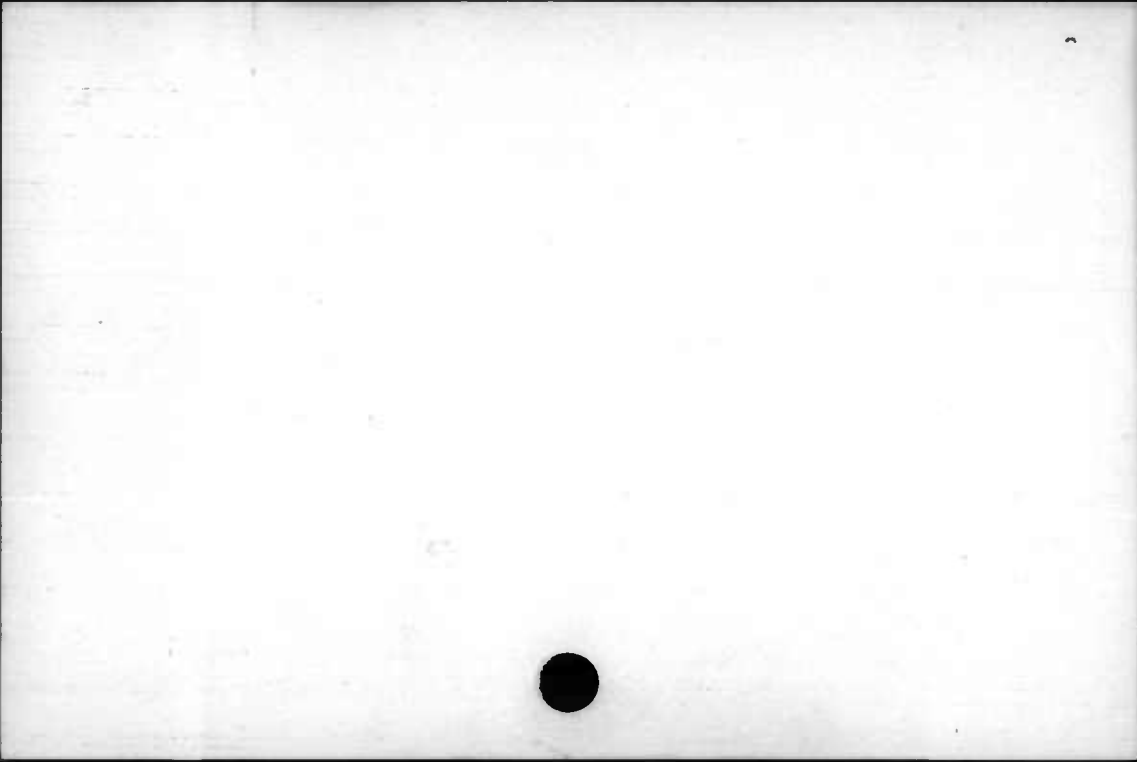
Signature of Physician

Address

*W. H. Chairs*  
*Tilghman*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Rudolph Plugg

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cordova</i> Town		<i>Salbot</i> County		MARYLAND	
Date of death	<i>1905</i>	Month <i>Sept</i>	Day <i>21</i>	Age <i>31</i> Years	Months <i>6</i> Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>1</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lena Plugg</i>			
Father's Name <i>Henry Plugg</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Catharina Meyer</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Mrs. Huntman</i>			How related to deceased <i>Mother-in-law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>8 weeks &amp; 4 days</i>
Immediate	<i>Delirium &amp; Exhaustion</i>	How long	<i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. J. Davis</i>	
		Address <i>Cordova Maryland</i>	
Accident or Suicide? <i>No</i>			



Name  
in  
Full

Orlanda H. Pope

## CERTIFICATE OF DEATH

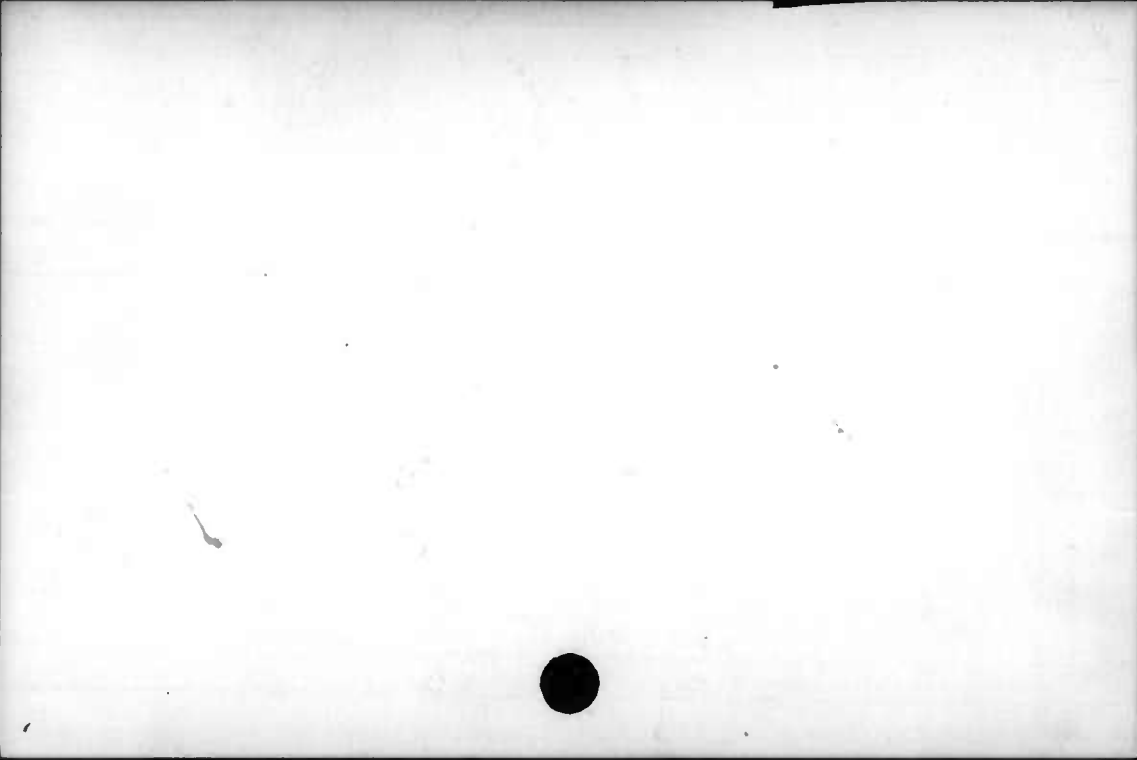
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Oxford</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death	1905	Month	9	Day	22
Age		18		Months	1
Sex		Male		Color or Race	White
Occupation		School-boy		Birth-place	Annumet-Co
Where Residing if not at place of death		Oxford			
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Henry B. Pope		Father's Birthplace	Wester Co	
Mother's Maiden Name	Sarah A. Williams		Mother's Birthplace	Annumet-Co	
Name of person giving Information	Sarah Pope		How related to deceased	Mother	

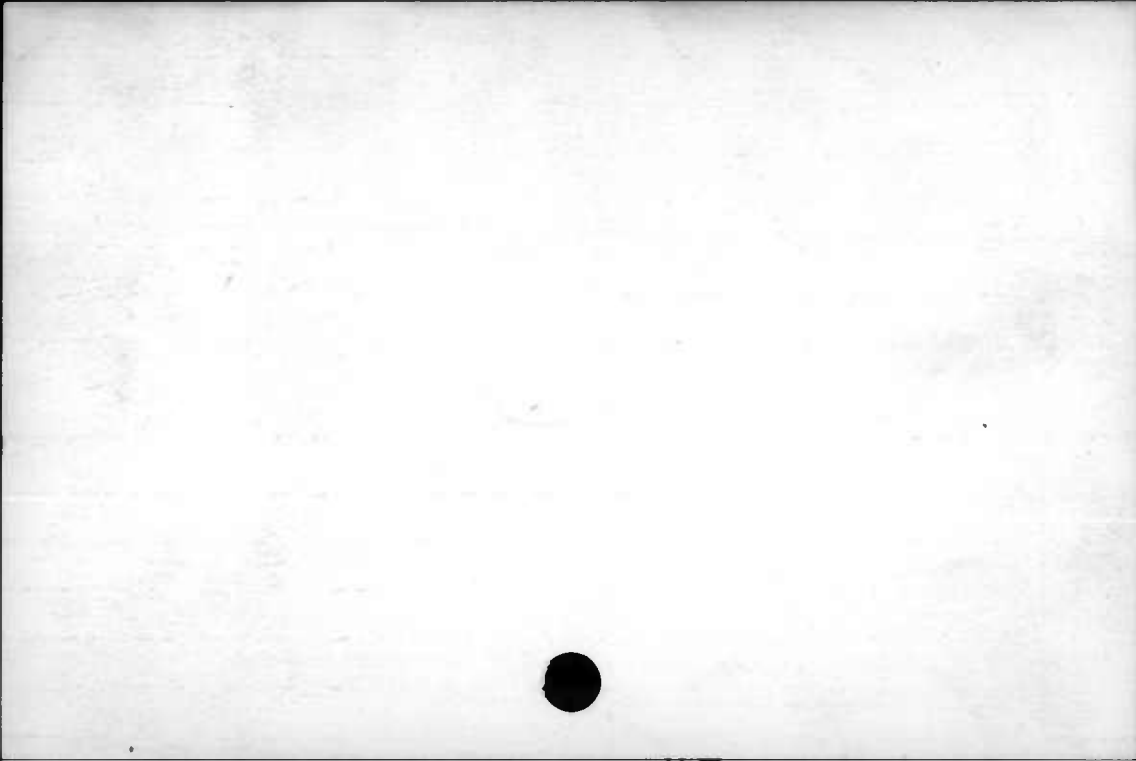
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Phthisis Pulmonalis</i>		How long	<i>four months</i>
Immediate	<i>Intestinal Hemorrhage</i>		How long	<i>two hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>J. S. Roberts</i>
		Address	<i>Oxford</i>	
Accident or Suicide?		<i>no</i>		



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died near <i>Town</i> <i>Trappe</i>		County <i>Talbot</i>	
		Date of death <i>1905</i>		Month <i>9</i> Day <i>3</i> Age <i>64</i>	
		Sex <i>Female</i>		Color or Race <i>negro</i>	
		Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>	
		Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>—</i>	
Father's Name <i>Hilloughby Fountain</i>		Father's Birthplace <i>Talbot Co Md</i>		MOTHER'S BIRTHPLACE	
Mother's Maiden Name <i>Caroline Smith</i>		Mother's Birthplace <i>Talbot Co Md</i>		MOTHER'S BIRTHPLACE	
Name of person giving information <i>Charles Fountain</i>		How related to deceased <i>Brother</i>		MOTHER'S BIRTHPLACE	
CAUSES OF DEATH					
Primary <i>Thoracic Stenosis</i>		How long <i>—</i>			
Immediate <i>Paralysis</i>		How long <i>6 days</i>			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Joseph A Ross Jr D</i>			
Yes		Address <i>Trappe, Talbot Co, Md</i>			
Accident or Suicide?					





Name  
in  
Full

W. Byron Rice

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

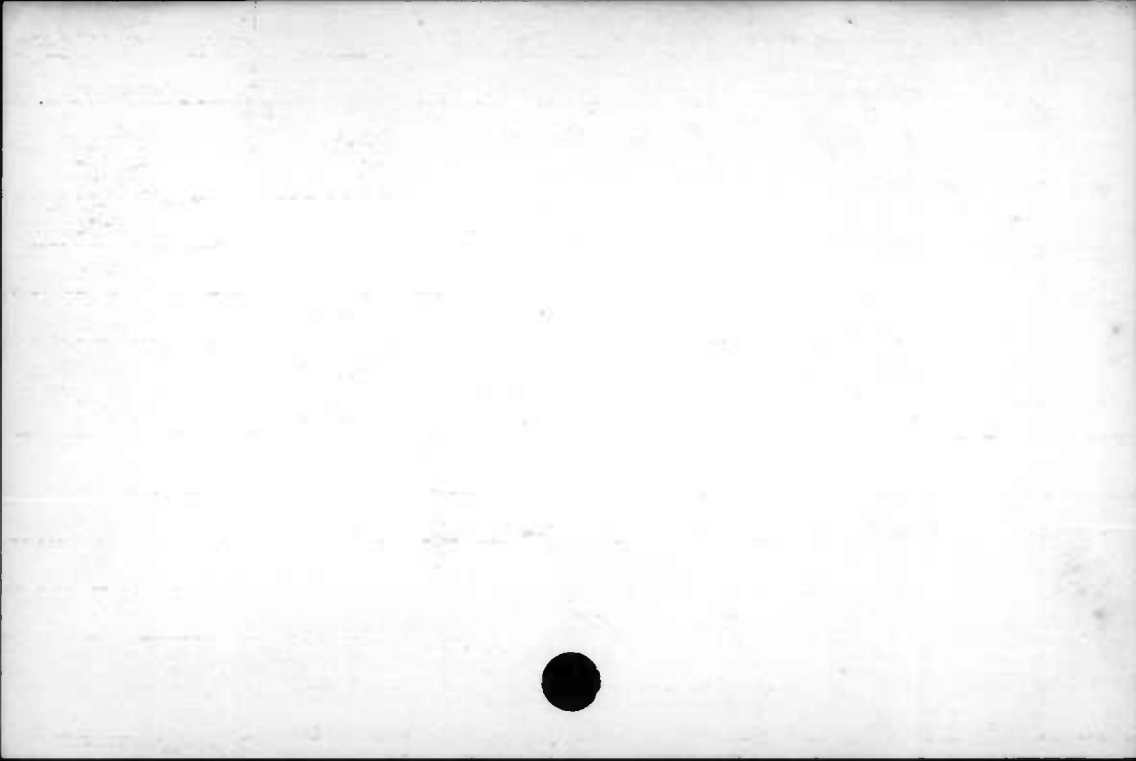
MARYLAND

Died at <u>Easton</u> <sup>Town</sup>		<u>Talbot</u> <sup>County</sup>			
Date of death <u>1905 Sept-</u> <sup>Month</sup>		<u>3rd</u> <sup>Day</sup>	<u>Age</u> <sup>Years</sup>	<u>Months</u>	<u>1</u> <sup>Days</sup>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Easton Md</u>	
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>W. Byron Rice</u>				Father's Birthplace <u>Talbot Co Md</u>	
Mother's Maiden Name <u>Bertha H. Mulliken</u>				Mother's Birthplace <u>Talbot Co. Md</u>	
Name of person giving information <u>W. Byron Rice</u>				How related to deceased <u>Daughter</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Valvular Heart - disease</u>	How long	<u>1 day</u>
Immediate	<u>Heart Failure</u>	How long	<u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Julius A. Johnson</u>	
		Address <u>Easton</u>	
		<u>Md</u>	
Accident or Suicide? <u>—</u>			



Name  
in  
Full

Ray Roy A

Rivas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Euston Town

Tulhatch County

Date of death 1905 Sep

Day 24

Age

Years

Months 9

Days

Sex Male

Color or Race

White

Birth-place

Euston, Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Eugenius J. Rivas

Father's Birthplace

Mother's Maiden Name

Sarah Murrell

Mother's Birthplace

Name of person giving information

A. A. Hughes

How related to deceased

None

## CAUSES OF DEATH

Primary

Enterocolitis

How long

3 mms

Immediate

Exhaustion

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

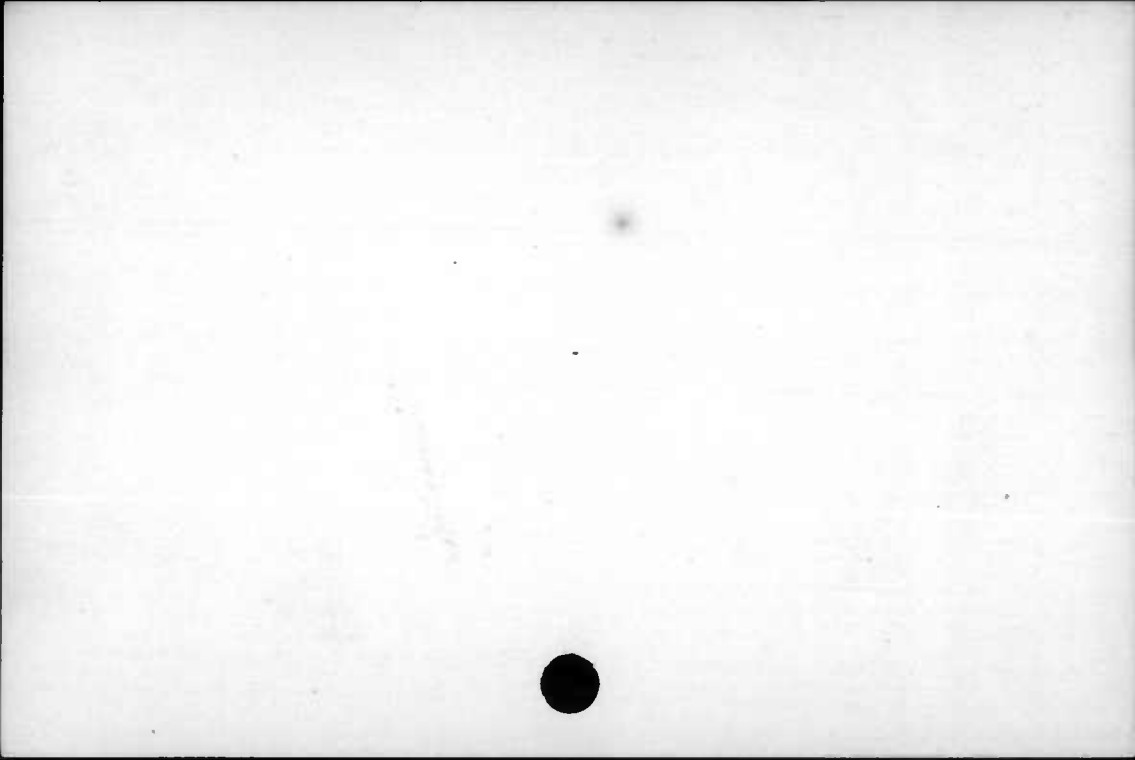
Signature of Physician

Address

J. S. Hermit  
Euston

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Lucille Dexter Sewell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mar. Trappe</i> <sup>Town</sup>		<i>Salbot</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	Month <i>Sept.</i>	Day <i>18</i>	Age <i>2</i>	Years <i>4</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Trappe</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>H. G. Sewell</i>			Father's Birthplace <i>Talbot Co.</i>		
Mother's Maiden Name <i>Mattie Dexter</i>			Mother's Birthplace <i>Baltimore Co.</i>		
Name of person giving Information <i>R. N. Dawson</i>			How related to deceased <i>Friend</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis (general)</i>	How long	<i>4 months</i>
Immediate	<i>Meningitis</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>William S. Seymour</i>	
		Address <i>Trappe, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Albert Meredith Slaughter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

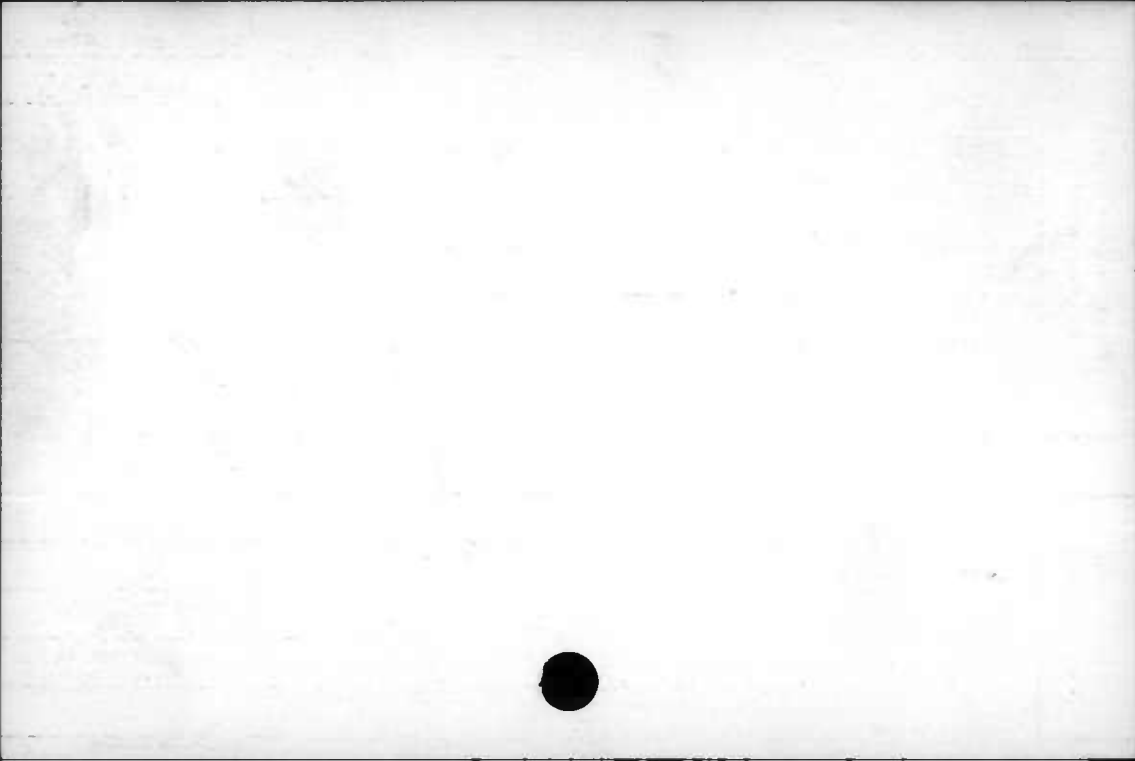
MARYLAND

Died at		Town Trape		County Talbot			
Date	Month	Day	Age	Years	Months	Days	
of death 1905-	9	26-			3	3	
Sex	Male.		Color or Race	Negro		Birth-place	Talbot Co Md
Occupation			Where Residing if not place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Tilghman Slaughter					Father's Birthplace	Talbot Co Md
Mother's Maiden Name	Annie Hutchinsow					Mother's Birthplace	Baltimore Md
Name of person giving information	"					How related to deceased	mother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cholera Infantum		How long	5 days -
Immediate	Exhaustion.		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Joseph A Ross M.D.
			Address	Trape, Talbot Co, Md
Accident or Suicide?				





Name in Full		Mary Ann Smith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Easton		County Talbot Co.	
		Date of death		Month Sept		Day 29	
		Age		Years 86		Months 11	
		Sex		Female		Color or Race Black	
		Birth-place		Donot Know		Occupation House Woman	
		Where Residing if not at place of death		at her daughters		Married, Single or Widowed Widow	
		Name of Wife or Husband		Emanuel Smith		Father's Name Donot Know	
Mother's Maiden Name		Donot Know		Father's Birthplace		Donot Know	
Name of person giving information		Mary E Summers		Mother's Birthplace		Donot Know	
How related to deceased		Daughter		CAUSES OF DEATH			
PHYSICIAN OR CORONER		Primary		Old age		How long one month	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Jas. Patchett	
		Address		undertaker Easton Md			
Accident or Suicide?				LIBRARY BUREAU AGENTS			

29th Sept

Burred Oct 1

Corbairan died Sept 26 B 29

Name  
in  
Full

Douglas Stanley

## CERTIFICATE OF DEATH

Died at

Trappe

Town

County

Calver

MARYLAND

Date

1905

Month

Sept

Day

16

Age

Years

24

Months

2

Days

6

Sex

Male

Color or  
Race

African

Birth-  
place

Tallapoosa Co.

Occupation

Laborer

Where Residing if not  
at place of death

✓

Married, ~~Single~~  
or ~~Widowed~~Name of Wife or  
Husband

Charlotte Stanley

Father's  
Name

James Stanley

Father's  
Birthplace

Dorchester Co.

Mother's  
Maiden Name

Annie Young

Mother's  
Birthplace

Dorchester

Name of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

Typhoid fever ①

How long

3 weeks

Immediate

Intestinal hemorrhage

How long

few hrs.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

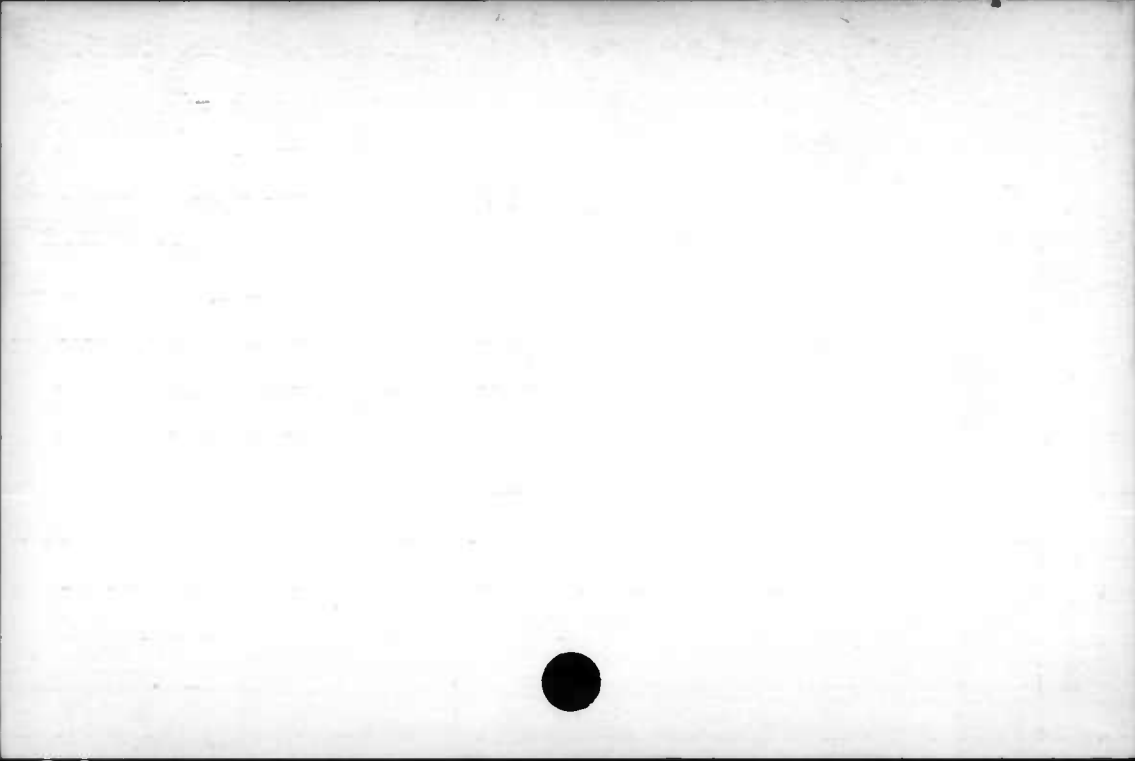
Wm S. Seymour

Address

Trappe Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Elizabeth J. Stewart

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Easton <sup>County</sup> Talbot

Date of death 1905 Sept 11 Age 81 Months 0 Days 0

Sex Female Color or Race White Birth-place Md

Occupation Housekeeper Where Residing if not at place of death X

Married, Single or Widowed Single Name of Wife or Husband X

Father's Name Do not know Father's Birthplace

Mother's Maiden Name &amp; d Mother's Birthplace

Name of person giving information Mrs M. M. Merrick How related to deceased No relation

## CAUSES OF DEATH

Primary old age &amp; paralysis How long 3 months

Immediate Exhaustion How long a few weeks

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician E. R. Zuppe M.D.

Address Easton Md

Accident or Suicide?

Bondary Church

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

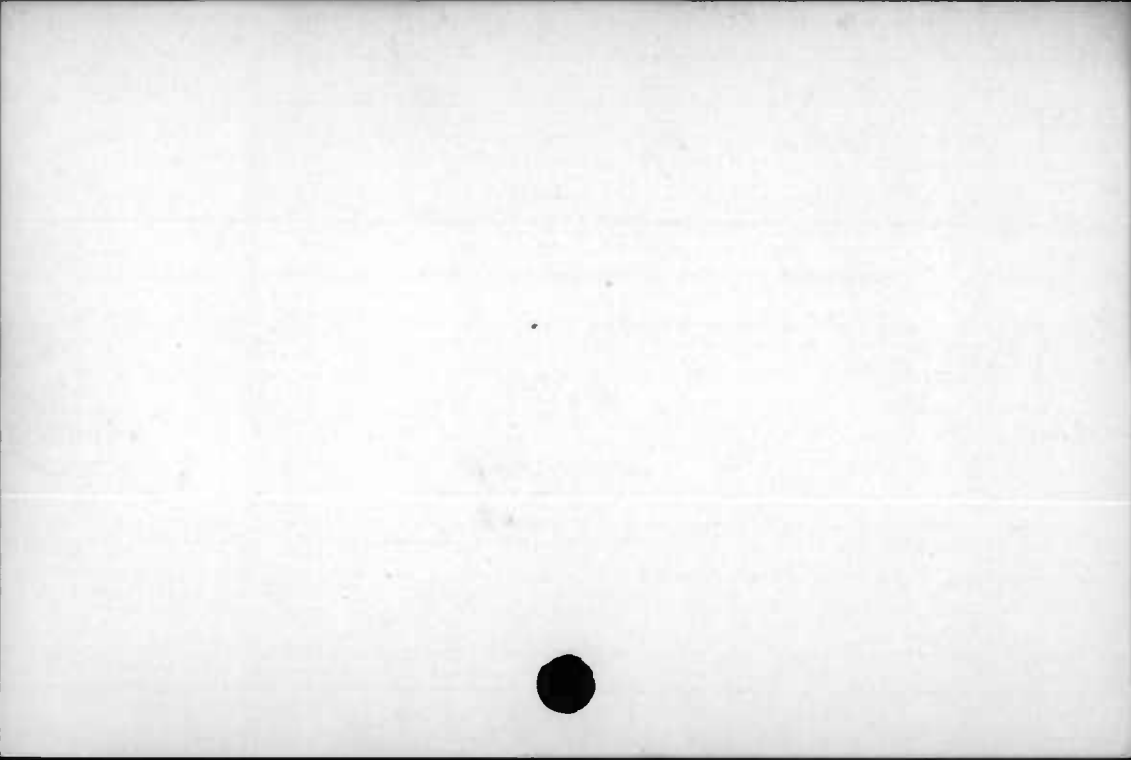
MARYLAND

Died at *Steelebird* Town *Cordova* County *Salisbury*  
 Date of death *1905* Month *Sept* - Day *14* Age *14* Years Months Days  
 Sex *Male* Color or Race *White* Birth-place *Cordova Md*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
 Father's Name *William H. Sparks S* Father's Birthplace *Pa*  
 Mother's Maiden Name *Augusta E. Sparks* Mother's Birthplace *Maryland*  
 Name of person giving information *William J. Sparks* How related to deceased *Father*

CAUSES OF DEATH

Primary *Steelebird* How long \_\_\_\_\_  
 Immediate *S.* How long \_\_\_\_\_  
 Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician *J. L. Torri*  
 Address *Cordova Md*  
 Accident or Suicide? ☒





Name  
in  
Full

Robert Rubin Watters

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Easton</u> <sup>Town</sup>		<u>Tallbot</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1905</u> <sup>Month</sup> <u>Sep</u> <sup>Day</sup> <u>1</u>	Age	<u>3</u> <sup>Years</sup>	Months <u>1</u>	Days <u>—</u>
Sex	<u>Male</u>	Color or Race	<u>Negro</u>	Birth-place	<u>Easton Md</u>
Occupation	<u>Baby</u>	Where Residing if not at place of death		<u>—</u>	
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>—</u>			
Father's Name	<u>Paul Geo. Watters</u>			Father's Birthplace	<u>Fairmont, Md.</u>
Mother's Maiden Name	<u>Gertrude Emma</u>			Mother's Birthplace	<u>Easton Md</u>
Name of person giving information	<u>Paul G. Watters</u>			How related to deceased	<u>Father</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Acute Colitis</u>	How long	<u>4 wks -</u>
Immediate	<u>Exhaustion</u>	How long	<u>few days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Chas. J. Warriner</u>	
		Address <u>Easton, Md.</u>	
<u>Accident or Suicide</u>			

